## LIVING WAGE GRIEVANCE FORM

## **UNFAIR COMPETITION COMPLAINT**

Please print clearly and return to: General Services Manager, City of Santa Barbara, P.O. Box 1990, Santa Barbara, CA 93102. The City may be required to disclose this information but will endeavor to keep the information confidential.

## **COMPETITOR INFORMATION**

Competitor's Name:	
Competitor's Address:	
Competitor's Phone Number:	
City Job Site, if known:	J.F. C
Bid No., if known:	
CONTACT INFO	ORMATION
Your Name:	
Company Name:	
Company Address:	
City: State:	Zip:
Work Phone Number:	email:
What is the best way to contact you?	Best time?
COMPLA	INT
Please describe the basis of your complaint (use revesupporting documentation).	erse side if more space is needed, and attach
10/10/10/10/10	
	IR N
The above information is true and correct to best of m	ny knowledge.
Signature	 Date